Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State: ____

ALABAMA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J

Application, Determination of Eligibility and Furnishing Medicaid

The Medicaid agency meets all requirements of (a) 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. AL-91-36 Supersedes 75-6 Approval Date _______ TN No. AL-75-6 10-2-92 Effective Date 1-1-92

HCFA ID: 7982E

Revision: MCFA-PM-93-2 (MB)

MARCH 1993

State: Alabama

Citation 42 CFR 435.914 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT-2.6-A .
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
2(a)(47) and 1,20 of the Act	(3) P	regnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
42 CFR 434.20		Medicaid agency elects to enter into a risk ract with an HMO that is
	· · · · · · · · · · · · · · · · · · ·	Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.
	<u>X</u>	Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

No. $\underline{AL-93-9}$ Approval Date $\underline{8-13-93}$ Effective Date $\underline{01/01/93}$ ersedes

___ Not applicable.

TN No. AL-91-36

AL-91-34

Revision: HCFA-PM-91-6 (MB)

September 1991

State/Territory: ALABAMA

11a

Citation 1902(a)(55) of the Act

2.1(d)

The Medicaid Agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a) (10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the Title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the AFDC form except as permitted by HCFA instructions.

TN No. AL-91-34 Supersedes TN No. New

Approval Date 10-8-91

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> Effective Date 07/01/91 HCFA ID: 7985E